

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/521,411

FILING DATE

APPLICANT(S)

9-1-05

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	2			1		
5	2			1		
6	①			1		
7	⑥			1		
8	⑥			1		
9	⑥			1		
10	1		1			
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	11	←	8	←	8	←
TOTAL CLAIMS	13		10		8	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						